

Case Number:	CM13-0064286		
Date Assigned:	01/15/2014	Date of Injury:	08/15/2011
Decision Date:	04/22/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44 year old with a date of injury of 08/15/11. A progress report associated with the request for services, dated 10/31/13, identified subjective complaints of low back pain radiating into the lower extremities. Use of oral analgesics decreases the pain from 7/10 to 5/10. No other functional parameters are described related to the analgesic therapy. No past or present gastrointestinal complaints are noted. Objective findings included tenderness to palpation of the low back. Motor and sensory functions are not described. Diagnoses included spondylolisthesis of L5-S1 (due to pars defect or fracture) with an L5 and S1 radiculopathy. It was noted that confirmation was pending for a CT of the lumbar spine. Treatment has included a TENS unit, epidural steroid injection, and oral medications. These included an opioid, an anti-seizure agent, and muscle relaxant at least throughout 2013. A Utilization Review determination was rendered on 11/14/13 recommending non-certification of "Norco 10/325mg #90; Gabapentin 600mg #90; Naproxen 550mg #60; Protonix 20mg #60; Protonix 20mg #60; one x-ray of the lumbar spine with AP lateral and flexion extension views".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids, Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: The Expert Reviewer's decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. This patient has been on therapy for over 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-21 49.

Decision rationale: The Expert Reviewer's decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain, and little evidence to support its use in low back pain and radiculopathy. Also, there

is no evidence of functional improvement from the Neurontin. Therefore, the record does not document the medical necessity for Neurontin (gabapentin) in this case.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

Decision rationale: The Expert Reviewer's decision rationale: Naproxen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. The record indicates that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to naproxen and therefore no documented medical necessity.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68-69.

Decision rationale: Protonix, a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, the patient was prescribed naproxen, but there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Protonix.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,.

Decision rationale: The Expert Reviewer's decision rationale: Protonix, a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, the patient was prescribed naproxen, but there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Protonix.

X-ray of the lumbar spine with AP lateral and flexion extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. In this case, based upon the diagnosis, the patient's anatomy had previously been defined. The record does not document any change in signs or symptoms or other specific reason for an x-ray of the lumbar spine. Therefore, there is no documentation for an x-ray of the lumbar spine.